



APPLICATION FOR EMERGENCY UNEMPLOYMENT COMPENSATION

OFFICIAL USE ONLY – BYE: _____

| | | | |
|---|-------------|----------------|---|
| Last Name: | First Name: | Middle Initial | Social Security Number: |
| Mailing Address (Street # or PO Box #): | | | |
| City | State | Zip Code | Telephone Number: |
| E-mail Address: | | | Message, Cell or Work Telephone Number: |

Have you worked outside the state of Washington in the last 2 years? ☐ Yes ☐ No

Have you worked since you last claimed unemployment benefits? ☐ Yes ☐ No

Have you applied for unemployment benefits anywhere in the U.S. or Canada in the last 12 months? ☐ Yes ☐ No

If yes, what state(s)? _____

Are you disabled as defined in Title II of the Americans With Disabilities Act (ADA) of 1990? ☐ Yes ☐ No

Are you a US citizen or American National? ☐ Yes ☐ No If no, do you have satisfactory immigration status? ☐ Yes ☐ No

If you have satisfactory immigration status, provide the following:

Alien Number: _____ Expiration Date: _____

Have you been unable to work in the last 12 months because of a non work-related injury? ☐ Yes ☐ No

If yes, provide the dates: From: _____ To: _____

Have you applied for or received time loss or worker's compensation in the last 12 months? ☐ Yes ☐ No

If yes, provide the following: Case number: _____ From: _____ To: _____

Are you presently enrolled or do you plan to enroll in school or a training program? ☐ Yes ☐ No

If Yes, planned date of enrollment? _____

Is there any reason you cannot seek or accept full-time work? ☐ Yes ☐ No

Unemployment benefits are taxable income. Do you want 10 percent of your weekly benefit amount deducted for federal income tax purposes? ☐ Yes ☐ No

WORK HISTORY: Please complete your work history for the past **two years**. Include all jobs, in this state or other states, military service or work as a federal civilian employee during that time. (Write down additional work history on the reverse side. Use additional sheets if necessary.) **List your most recent employer first.**

| | | | | |
|--|--|---|--------|-----------------------|
| Most Recent Employer Name: | | | | |
| Mailing Address (Street # or PO Box #) | | City: | State: | Zip Code: |
| Date Job Began: | | Date Job Ended: | | |
| Total Gross Earnings: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Total Hours Worked: _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Pay Rate? \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | | |
| Job Location: | | Job Title: | | |
| Are you receiving a pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, monthly amount before deductions? \$ _____ | | Effective date: _____ |
| Reason no longer employed (check one): <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Still Employed <input type="checkbox"/> Other (If "Other", explain below): _____ | | | | |

I request a decision of Emergency Unemployment Compensation (EUC) potentially payable to me by the state of Washington. I understand that if I qualify for a regular Washington claim, you will use the information I provide on this application to set up that claim. I certify the information I have provided on this form is accurate.

Signature

Date

Name: _____ Social Security Number: _____

Additional Work History

| | | | |
|--|--|---|-----------------------|
| Next Employer Name: | | | |
| Mailing Address (Street # or PO Box #) | | City: | State: Zip Code: |
| Date Job Began: | | Date Job Ended: | |
| Total Gross Earnings: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Total Hours Worked: _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Pay Rate? \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | |
| Job Location: | | Job Title: | |
| Are you receiving a pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, monthly amount before deductions? \$ _____ | Effective date: _____ |
| Reason no longer employed (check one): <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Still Employed <input type="checkbox"/> Other (If "Other", explain below): _____ | | | |

| | | | |
|--|--|---|-----------------------|
| Next Employer Name: | | | |
| Mailing Address (Street # or PO Box #) | | City: | State: Zip Code: |
| Date Job Began: | | Date Job Ended: | |
| Total Gross Earnings: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Total Hours Worked: _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Pay Rate? \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | |
| Job Location: | | Job Title: | |
| Are you receiving a pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, monthly amount before deductions? \$ _____ | Effective date: _____ |
| Reason no longer employed (check one): <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Still Employed <input type="checkbox"/> Other (If "Other", explain below): _____ | | | |

| | | | |
|--|--|---|-----------------------|
| Next Employer Name: | | | |
| Mailing Address (Street # or PO Box #) | | City: | State: Zip Code: |
| Date Job Began: | | Date Job Ended: | |
| Total Gross Earnings: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Total Hours Worked: _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Pay Rate? \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | |
| Job Location: | | Job Title: | |
| Are you receiving a pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, monthly amount before deductions? \$ _____ | Effective date: _____ |
| Reason no longer employed (check one): <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Still Employed <input type="checkbox"/> Other (If "Other", explain below): _____ | | | |

| | | | |
|--|--|---|-----------------------|
| Next Employer Name: | | | |
| Mailing Address (Street # or PO Box #) | | City: | State: Zip Code: |
| Date Job Began: | | Date Job Ended: | |
| Total Gross Earnings: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Total Hours Worked: _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | Pay Rate? \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month | |
| Job Location: | | Job Title: | |
| Are you receiving a pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, monthly amount before deductions? \$ _____ | Effective date: _____ |
| Reason no longer employed (check one): <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Still Employed <input type="checkbox"/> Other (If "Other", explain below): _____ | | | |

Mail to: **Employment Security Department**
Attn: EUC Unit
P.O. Box 9046
Olympia, WA 98507-9046